

Foster Family Home - Corrective Action Report

Provider ID: 1-120017

Home Name: Shirley Ann Baptista, CNA

Review ID: 1-120017-12

1153 Kaweloka Street

Reviewer: Julie Hastings

Pearl City HI 96782

Begin Date: 1/23/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification. Corrective Action Report issued during home inspection with all written corrections due to CTA by 2/23/2020

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)
CG#3 has no Privacy/confidentiality documentation

Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

Comment:

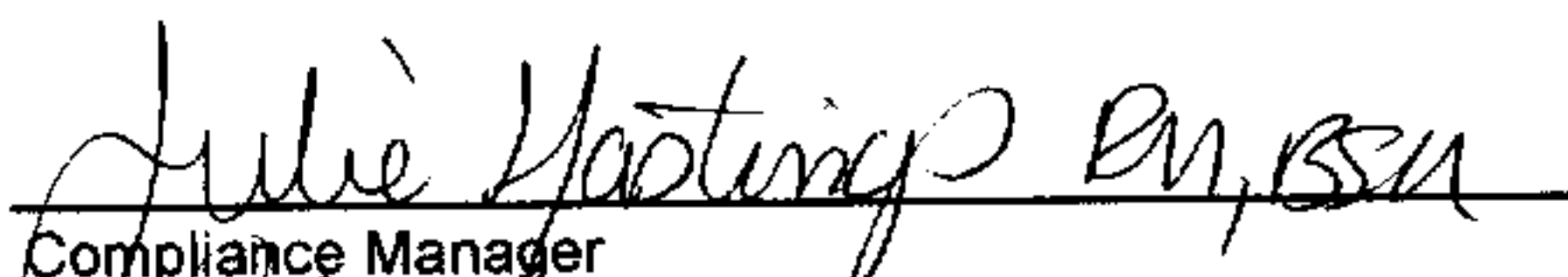

47.(d)(1)
No MD restraint order for Client #1


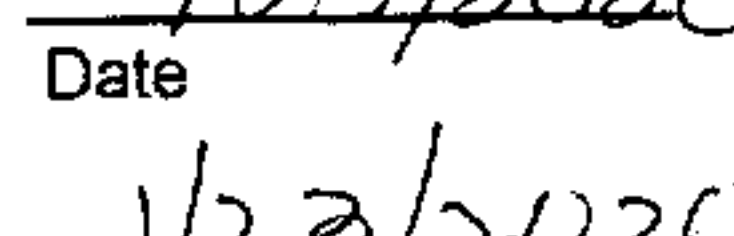
Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)
Medication administration record for Client #1 and Client #3 do not match MD orders and medication bottles.


Compliance Manager

Primary Care Giver


Date

Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Shirley Ann Baptista

CCFFH Address: 1153 Kawelo Ka St. Pearl City, HI 96782

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
16b5	CG #3 signed privacy/confidentiality document.	1/23/2020	All new CG will be required to sign privacy confidentiality document within 3 days of hire.
47d1	Got MD order for restraint for client #1	1/23/2020	Home req. all clients with restraints to have written MD order in chart within one week of admission.
54c5.	Medication Administration record updated with current orders and medication. bottles and placed in chart for client #1 & #2.	1/23/2020	Medication will be reconciled monthly. Reminder in front of the chart. All new medications or changes will be faxed to CMA. same day as MD appts.

Primary Caregiver's Signature: Shirley Ann Baptista

Print Name: Shirley Ann Baptista

Date of Signature: 1/23/2020